

APPLICATION AND CERTIFICATION  
FOR OUT-OF-STATE SERVICE CREDIT

Retirement Systems of Alabama  
P. O. Box 302150 ♦ Montgomery, AL 36130-2150  
334-517-7000 or 877-517-0020  
www.rsa-al.gov

Check One:

☐ ERS

☐ TRS

PART I MEMBER INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last Maiden

Social Security No.: \_\_\_\_\_ - - Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_  
Street Address or P. O. Box

\_\_\_\_\_  
City State Zip RSA Account Number: \_\_\_\_\_  
(If known)

Please complete the following information: (Use one form for **each** former employer)

- Out of State Employer: \_\_\_\_\_
- Total Service: \_\_\_\_\_
- Were you covered by a Public Retirement System or Plan? \_\_\_\_\_
- Are you entitled to receive any benefit based on this service other than Social Security? \_\_\_\_\_
- If yes, what benefit? \_\_\_\_\_

I hereby request and authorize the release of information requested on this form and any information necessary in establishing my claim for out-of-state service.

Member's signature \_\_\_\_\_

PART II FORMER OUT-OF-STATE EMPLOYER INFORMATION

List by scholastic year or fiscal year to a maximum of ten (10) years

| Name of<br>Employing Unit | Number of<br>months worked | Term of Service<br>From To<br>M/D/Yr M/D/Yr | Length of<br>contract<br>year | Time Basis<br>(Full, ¾, ½, ¼) |
|---------------------------|----------------------------|---|-------------------------------|-------------------------------|
|                           |                            |   |                               |                               |
|                           |                            |   |                               |                               |
|                           |                            |   |                               |                               |
|                           |                            |   |                               |                               |
|                           |                            |   |                               |                               |
|                           |                            |   |                               |                               |
|                           |                            |   |                               |                               |
|                           |                            |   |                               |                               |
|                           |                            |   |                               |                               |

Did the member receive credit for this service under any supplemental retirement or pension plan including but not limited to TIAA-CREF which was funded wholly or partly from public funds, other than Social Security? \_\_\_\_\_

If yes, please list the names \_\_\_\_\_.

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Out-of-State Employer

\_\_\_\_\_  
Printed name / Official Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City / State / Zip code

Please forward this form to the public retirement system or plan which provided coverage for this employee for completion of Part III.

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Member Name

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Social Security Number

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**PART III EMPLOYER CERTIFICATION (To be completed by former Out-of-State Retirement System)**

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The person named in Part I of this form is an active member of the Retirement Systems of Alabama and wishes to establish credit for their out-of-state service as reported in Part II of this form. Alabama law does not permit the purchase of out-of-state service credit by members who, at the time of retirement, have credit for or are entitled to any benefits whatsoever for the same service under any other retirement or pension plan except Social Security. Therefore, to assist us in helping this member establish their out-of-state service, please check the appropriate answers to the questions below regarding membership in your system.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Did this person establish credit for the service listed on the front side of this form with your retirement system?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the member receiving or entitled to receive a benefit from your state based on this service?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If the member does not return to work in your state, will he/she be able to receive a benefit from your system? If yes, when will the member be eligible to begin drawing the benefit? _____<br>Month / Day / Year | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this member's credit been canceled in your system?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does this member have credit in your system from another state? If so, please indicate the state(s) and year(s).   | <input type="checkbox"/> | <input type="checkbox"/> |

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State

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Year

6. Has this service been certified to another state? (Indicate below)

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

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Signature

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Title

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Name of Retirement System

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Area code and Telephone number

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Address

\_\_\_\_\_

## **INSTRUCTIONS AND CHECKLIST FOR PURCHASING OUT-OF-STATE SERVICE**

An active and contributing member of the Employees' Retirement System (ERS) with ten years contributing membership service may purchase up to ten years of out-of-state service in public education or public employment. Service credit must have been established with another state public pension plan and either withdrawn, terminated, canceled or forfeiture declaration made (this usually means your funds have been withdrawn and returned to you).

You may purchase out-of-state service in increments of not less than one year (unless your total service or balance is less than one year). The deadline for purchasing out-of-state service is the effective date of your retirement. The cost for this service is calculated on the actuarial value of this service based on your age, average salary, total service at the time of your purchase, and the time remaining until your earliest retirement eligibility date.

Members are not eligible to purchase credit for out-of-state service if at the time of retirement the member is entitled to receive any benefits whatsoever for the same service under any other retirement or pension plan except Social Security.

### **Steps required:**

1. Complete Part I – Member Information.
2. Send this form to your Out-of-State Employer for completion of Part II.
3. Out-of-state Employer must complete Part II and forward to Out-of-State Retirement System.
4. Out-of-state Retirement System must complete Part III and forward it to the ERS.
5. ERS of Alabama will calculate your cost and notify you.
6. Payment must be made and in the ERS office prior to your effective date of retirement or date stated in your notification.
7. Your purchase will be audited after the close of the fiscal year in which the purchase is completed.